

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 97389915
Substitute for Form PTO-875					

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

FOR	RATE	FEES	FOR	RATE	FEES
		\$ _____			\$ _____
	X \$ _____ =			X \$ _____ =	
	X \$ _____ =			X \$ _____ =	
	+ \$ _____ =			+ \$ _____ =	
		TOTAL			TOTAL

CLAIMS AS AMENDED - PART II

1/4105		(Column 1)	(Column 2)	(Column 3)	AMENDMENT A	SMALL ENTITY	OTHER THAN SMALL ENTITY
Total (37 CFR 1.16(c))	13	Minus	" 80	"		RATE	ADDI- TIONAL FEE
Independent (37 CFR 1.16(b))	11	Minus	8	12	X \$ 25 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						X \$ 50 =	
						X \$ 200 =	200.00
						+ \$ 160 =	
						TOTAL ADD'L FEE	200.00
4/8/5		(Column 1)	(Column 2)	(Column 3)	AMENDMENT B	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	50	Minus	" 80	"	X \$ _____ =		
Independent (37 CFR 1.16(b))	13	Minus	12	1	X \$ _____ =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						X \$ 200 =	200.00
						+ \$ _____ =	
						TOTAL ADD'L FEE	
4/8/5		(Column 1)	(Column 2)	(Column 3)	AMENDMENT C	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))		Minus	"	"	X \$ _____ =		
Independent (37 CFR 1.16(b))		Minus	***	"	X \$ _____ =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ _____ =	
						TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lam et al.

Attorney Docket No.: APL1P193/P2369

Application No.: 09/389,915

Examiner: Chang, Yean Hsi

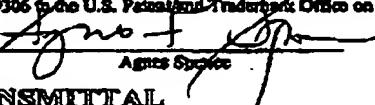
Filed: September 3, 1999

Group: 2835

Title: DISPLAY HOUSING FOR COMPUTING
DEVICE

Confirmation No. 6044

CERTIFICATE OF FAX/EMAIL TRANSMISSION
I hereby certify that this correspondence is being transmitted by facsimile to fax number 703-372-9306 to the U.S. Patent and Trademark Office on April 8, 2005.

Signed: 
Agnes Spitzer

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	59 70	MINUS	50	0	x 25 =	x 50 = 0
Independent Claims	12 13	MINUS	12	0 1	x 100 =	x 200 = 0 200
Multiple Dependent Claim Present and Fee Not Previously Paid					\$180.00	\$360.00
				Total	\$	90

Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.

Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.

Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. APL1P193).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP



Quin C. Hoellwirth
Reg. No. 45,738

P.O. Box 70250
Oakland, CA 94612-0250